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mail in an envelope addressed to the Box Issue Fee address above on PM82/1130 the date indicated below. MILLEN WHITE AND ZELANO STE 1201 ARLINGTON COURTHOUSE PLAZA I (Depositor's name) ARLINGTON VA 22201 (Signature) (Date) DATE MAILED EXAMINER AND GROUP ART UNIT **FILING DATE** TOTAL CLAIMS APPLICATION NO. 027 PIHULIC, D 3662 11/30/99 09/228,972 01/12/99 First Named UHLENDORF, 35 USC 154(b) term ext. = O Days. Applicant TITLE OF ULTRASONIC PROCESSES AND CIRCUITS FOR PERFORMING THEM INVENTION DATE DUE SMALL ENTITY FEE DUE ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN, TYPE 02/29/00 E87 UTILITY \$1210.00 SCH1463C4 367-007.000 NO 2. For printing on the patent front page, list Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) Millen, While, Zelane, the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form & Branigan, P.C. member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 4a. The following fees are enclosed (make check payable to Commissioner 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to XX Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Advance Order - # of Copies filing an assignment. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: Schering Aktiengesellschaft 13-3402 RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER -(ENCLOSE AN EXTRA COPY OF THIS FORM) GERMANY Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual XX corporation or other private group entity government Advance Order - # of Copies 88 The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Date) (Authorized Signature) 12/6/99 John A. Sopp (Reg*A*NO. NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. RECEIVED Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary **Publishing Division** depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DEC - 7 1999 ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 05 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TECH 3

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